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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10544293 | <b>Applicant(s)/Patent Under Reexamination</b><br>LUCASSEN ET AL. |
|   | <b>Examiner</b><br>Eric F Winakur          | <b>Art Unit</b><br>3768   |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                       |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|-----------------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   | NON-CLAIMED           |  |  |  |  |  |  |  |
| 600                |                                   | 310      |  |  |  | A                            | E | 1 | B | 6 / 1455 (2006.01.01) |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
| 600                | 473                               |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                       |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        | 5     | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 2        | 7     | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 3        | 10    | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 4        | 6     | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 1   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE   |  | <b>Total Claims Allowed:</b> |                   |
| (Assistant Examiner)                               |  | 10                           |                   |
| (Date)   |  |                              |                   |
| /Eric F Winakur/<br>Primary Examiner Art Unit 3768 |  | 08/03/2009                   |                   |
| (Primary Examiner)                                 |  | (Date)                       |                   |
|  |  | O.G. Print Claim(s)          | O.G. Print Figure |
|  |  | 7                            | 1                 |